ED DE ARATION FOR PATENT



ATTORNEY'S DOCKET NUMBER

	(Includes	Reference to PCT Internat	ional Application	s)	176/60	81 (UR 6-114	07-674)	
As a below	v named inventor, I her	eby declare that:						
My reside	nce, post office address	and citizenship are as state	d below next to n	ny name.	_			
I believe l listed belo	am the original, first arw) of the subject matte	nd sole inventor (if only one r which is claimed and for v	name is listed be which a patent is	elow) or an original sought on the inven	, first and joint ir tion entitled:	ventor (if plur	al names are	
•	GENETIC POLYMO	RPHISMS WHICH ARE	ASSOCIATED	with autism s	PECTRUM DI	SORDERS		
the specifi	cation of which (check	only one item below):						
[]	is attached hereto.							
[X]	7 40 1000 h L DOT 4 L 10							
	(if applicable).		•					
[]	was filed as PCT In	ternational Application No.	on	and wa	s amended unde	PCT Article I	19 on	
	(if applicable).							
I hereby s	tate that I have reviewe nt referred to above.	d and understand the conter	nts of the above-i	dentified specificati	ons, including th	e claims, as am	nended by any	
	edge the duty to disclosegulations, § 1.56(a).	se information which is mat	erial to the exami	nation of this appli	cation in accorda	nce with Title !	37, Code of	
or of any	PCT international application(s)	enefits under Title 35, Unite ication(s) designating at least for patent or inventor's cert a filed by me on the same s	st one country oth tificate or any PC	er than the United : Tinternational appl	States listed belo lication(s) design	w and have also ating at least o	o identified ne country other	
PRIOR FO	OREIGN/PCT APPLIC	CATION(S) AND ANY PR	ORITY CLAIM	S UNDER 35 U.S.C	C. 119:			
(1)	COUNTRY F PCT, indicate "PCT") APPLICATIO	APPLICATION NUMBER		.ING (ear)	PRIORITY CLAIMED UNDER 35 USC 119		
United States		60/04	60/049,803		7	[X] YES [] NO		
						[] YES [] NO	
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designation disclosed the duty the prior	ng the United States of in that/those prior appl o disclose material info application(s) and the r	Title 35, United States Cod America that is/are listed be lication(s) in the manner pro formation as defined in Title lational or PCT International	elow and, insofar ovided by the first 37, Code of Fede all filing date of the	as the subject matter paragraph of Title ral Regulations, § I is application:	er of each of the of 35, United States .56(a) which occ	claims of this a Code, § 112, I urred between	pplication is not I acknowledge the filing date of	
PRIOR U 120:	I.S. APPLICATIONS (OR PCT INTERNATIONAL	L APPLICATIO	NS DESIGNATING	THE U.S. FOR	BENEFIT UN	DER 35 U.S.C.	
U.S. APPLICATIONS					· · · · · · · · · · · · · · · · · · ·	STATUS (Check One)		
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTED	PENDING	ABANDONED		
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	PCT APP	LICATIONS DESIGNATION	I NG THE U.S.					
APP	PCT LICATION NO.	PCT PCT U.S. SERIAL NUMBERS						

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continue)

ATTORNEY'S DOCKET NUMBER

176/60181 (UR 6-11407-674)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727, Karla M. Weyand, Registration No. 40,223; Peter Rogalskyj, Registration No. 38,601; Gunnar G. Leinberg, Registration No. 35,584; Dennis M. Connolly, Registration No. 40,964; Edwin V. Merkel, Registration No. 40,087

Send Correspondence to:

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FULL NAME OF INVENTOR Ingram Jennifer L. RESIDENCE & CITY STATE/FOREIGN COUNTRY COUNTRY OF CITIZENSH United States POST OFFICE ADDRESS 235 Henrietta Street Rochester New York 14620/USA FULL NAME OF INVENTOR Figlewicz Denise A. RESIDENCE & CITY STATE & ZIP CODE/CTRY New York 14620/USA RESIDENCE & CITY STATE/FOREIGN COUNTRY OF CITIZENSH NAME Denise A. RESIDENCE & CITY STATE/FOREIGN COUNTRY OF CITIZENSH United States CITY STATE/FOREIGN COUNTRY OF CITIZENSH United States CITY STATE/FOREIGN COUNTRY OF CITIZENSH United States CITY STATE & ZIP CODE/CTRY New York 14620/USA FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME SUsan L. POST OFFICE Hyman STATE/FOREIGN COUNTRY COUNTRY OF CITIZENSH NAME SUsan L. RESIDENCE & CITY STATE/FOREIGN COUNTRY COUNTRY OF CITIZENSH New York United States CITY STATE/FOREIGN COUNTRY COUNTRY OF CITIZENSH NEW York United States CITY STATE/FOREIGN COUNTRY COUNTRY OF CITIZENSH United States CITY STATE/FOREIGN COUNTRY COUNTRY OF CITIZENSH New York 14610/USA FULL NAME OF FOO. ADDRESS CITY STATE & ZIP CODE/CTR New York 14610/USA FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME STATE & ZIP CODE/CTR New York 14610/USA FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND				Rochester	New York 14610/US	New York 14610/USA	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.							
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203					
Patricia M. Poolier	Sprifter L. Angan	Denisedane Figliweiz					
DATE	DATE	DATE U 0					
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 295	SIGNATURE OF INVENTOR 206					
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